IPDR6702	: 11/07/2005		TI	NORTH CAROLINA PRS CHECKWRITE SUMMARY REPORT		PA	AGE: 1	-
NON DATE.	. 11/0//2003			CHECKWRITE DATE: 11/08/2005			+	
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS
	THOUSEN MINE				DENTITE	DENTITED	111111111111111111111111111111111111111	11120
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0			0	0	+
					'	0	-	-
3404904	WESTERN HIGHLAN DS LME	11	123	CLIENT NOT ELIGIBLE ON SERVICE DATE				
							+	1
		8518	62	CLAIM DENIED, SUBMITTED BEYOND		188	245	57
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE			<u> </u>	
		8599	2	DETAIL NOT COVERED BY COMBINAT			-	-
		0000	-	ION OF RECIPIENT, PROVIDER AND			+	-
				BENEFIT PACKAGE.			<b>†</b>	
3404910	PATHWAYS	11	143	CLIENT NOT ELIGIBLE ON SERVICE			<u> </u>	
				DATE			<del> </del>	
	1						+	-
		10	58	DIAGNOSIS OR SERVICE INVALID F		2 356	3592	3158
	1			OR CLIENT AGE. VERIFY CID,		356	3392	3130
				DIAGNOSIS, PROCEDURE CODE FOR				
		7702	56	IPRS DOES NOT ACCEPT ONE OR MO RE OF THE BILLED MODIFIERS				
				PLEASE CORRECT THE MODIFIER IN				
3404912	CATAWBA COUNTYM	79	370	THIS SERVICE IS NOT PAYABLE TO			+	
	ENTAL HEALT			YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8931	158	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	15	908	4236	3328
				RVICES IN IFRS.				+
							+	1
		167	122	NO CHARGE BILLED. ENTER BILLED				1
				AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
3404913		11	2737	CLIENT NOT ELIGIBLE ON SERVICE				-
3404913	MECKLENBURG COM ENTAL HEALT	11	2737	DATE			-	-
	ENIAL REALI						+	1
		8518	159	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	19	1 3088	3090	2
				FISCAL YEAR DOS (JULY 1 - JUNE				
	1	8933	158	ADTNC INELIGIBLE TO RECEIVE SE			<u> </u>	
	1			RVICES IN IPRS.			+	-
	1						+	-
3404916	CROSSROADS BEHA	8518	104	CLAIM DENIED, SUBMITTED BEYOND			<u> </u>	†
	VIORAL HEAL			FILING TIMELIMIT. PRIOR			1	
	1			FISCAL YEAR DOS (JULY 1 - JUNE			<u> </u>	
	1	0	0			104	104	
	1					104	104	- 0
								<b>†</b>
3404917	CENTERPOINT HUM	11	1109	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE			<u> </u>	
	1	1				1	<del> </del>	
	+	10	328	DIAGNOSIS OR SERVICE INVALID F	41	2208	5330	3122
			-	OR CLIENT AGE. VERIFY CID,	41	. 2208	3330	3122
				DIAGNOSIS, PROCEDURE CODE FOR				
-						1		
	1	8518	304	CLAIM DENIED, SUBMITTED BEYOND			<u> </u>	
				FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE			-	1
	1						<u> </u>	
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				1
	ENTAL HEALT							
							1 -	1
								+
		0	0			-		
		0	0			0	0	0

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8599	201	DETAIL NOT COVERED BY COMBINAT				-
3404313	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
	1111 1111111111			BENEFIT PACKAGE.				
		5404	67	SEVERE DUPLICATE: SAME ATTD PR	73	592	13216	12624
				OV/PCODE/TOS/DOS/MOD				
		8534	60	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404920	ALAMANCE CASWEL	8599	1794	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	66	CLAIM DENIED DUE TO INSUFFICIE		2052	3681	1629
				NT BUDGET		2032	3001	1023
		8622	52	60 RESIDENTIAL LEVEL II TREATM				
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.	1			<u> </u>
3404921	ORANGE DECISION	8599	776	DETAIL NOT COVERED BY COMBINAT	-	<del>                                     </del>		<del>                                     </del>
J101721	ORANGE PERSON C	3333		ION OF RECIPIENT, PROVIDER AND	1	<del>                                     </del>		<del>                                     </del>
	HATHAM AREA			BENEFIT PACKAGE.	<del> </del>	<del>                                     </del>		<del>                                     </del>
	1	8800	291	FURTHER PROCESSING NECESSARY,	4	2014	5002	2988
				PLEASE CHECK FOR CLAIM ON			.,,,,	
				FUTURE RA'S.				
		5312	255	PRIOR AUTHORIZED DOLLARS EXCEE				
				DED				-
3404922	THE DURHAM CENT	8329	4731	CLAIM DENIED ATTENDING PROVIDE				+
	ER			R CANNOT BE THE SAME AS				
				THE LMA				
		8599	555	DETAIL NOT COVERED BY COMBINAT	0	5984	13248	7264
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		27	336	DIAGNOSIS CODE MISSING OR INVA				
		27	330	LID. VERIFY AND ENTER THE				-
				CORRECT DIAGNOSIS CODE AND SUB				-
3404923	FIVE COUNTY MH	8533	81	SERVICE FACILITY LOCATION CANN				1
				OT BE AN ATTENDING PROVIDER				
				IDENTIFIED AS AN INDIVIDUAL.				
		79	55	THIS SERVICE IS NOT PAYABLE TO	0	226	3986	3760
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				PROVIDER TIPE AND SPECIABIL IN				-
		21	32	DUPLICATE OF CLAIM-SYSTEM				+
								1
_								
3404925	SANDHILLS CENTE	8534	1588	SERVICE FACILITY LOCATION IS N				L
	R FOR MH/DD			OT A VALID IPRS ATTENDING				<u> </u>
	+			PROVIDER. PLEASE VERIFY THE F	1	1		<u> </u>
	-	8536	1436	ATTENDING PROVIDER TYPE AND SP				
	+	3330		ECIALTY COMBINATION IS NOT	92	5784	10064	4280
	+			VALID FOR SUBMITTED BILLING PR	<del> </del>	<del>                                     </del>		<del>                                     </del>
	+							<del>                                     </del>
	1	79	1167	THIS SERVICE IS NOT PAYABLE TO	İ	1		
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404926	SOUTHEASTERN RE	11	2588	CLIENT NOT ELIGIBLE ON SERVICE	ļ	ļ		↓
	G MENTAL HL			DATE	1	1		<u> </u>
	1				1	1		<del>                                     </del>
	+	8518	2243	CLAIM DENIED, SUBMITTED BEYOND			0===	35
	+	3310		FILING TIMELIMIT. PRIOR	97	5266	8786	3520
	+			FISCAL YEAR DOS (JULY 1 - JUNE	<b> </b>	<b> </b>		†
				1 11				1
	1	8599	75	DETAIL NOT COVERED BY COMBINAT	1			
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
								1

3404927 CUMB HC  HC  3404929 LEE  DD/S  3404930 JOHN MNT  3404931 NAKE BIL	MEERLAND CO M  E HARNETT MH/ /SAS  MINSTON COUNTY FIT HITHE	EOBS 79 23 23 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NUMBER OF DENIALS 42 4 0 0 0 0 482	DESCRIPTION  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  SERVICE REQUIRES PRIOR APPROVA L  *** NO DATA TO REPORT ***	TNC DENIALS  0	TOTAL DENTALS 46	TOTAL CLAIMS FINALIZED  58	TOTAL CLAIMS PAID 12
NUMBER PRO 3404927 CUMB HC  3404929 LEE DD/S  3404930 JOHN MNT  3404931 WAKE BIL  3404931 WAKE BIL	MEERLAND CO M  E HARNETT MH/ /SAS  MINSTON COUNTY FIT HITHE	EOBS 79 23 23 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENIALS 42 4 4 0 0 0 0 0	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN SERVICE REQUIRES PRIOR APPROVA L *** NO DATA TO REPORT ***	DENIALS	DENIALS 46	FINALIZED	PAID
3404927 CUMB RC  3404929 LEE DD/S  3404930 JOHN MNT  3404931 NAKE BIL	MBERLAND CO M  E HARNETT MH/  SAS  INSTON COUNTY  STL HLTHC  GE CO HUM SVC  LLLING OF	23 0 0 0	42	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN SERVICE REQUIRES PRIOR APPROVA L *** NO DATA TO REPORT ***	0	46	58	
3404929 LEE DD/S 3404930 JOHN MMT 3404931 WAKE BIL	E HARNETT MH/ /SAS  HINSTON COUNTY FILL HLTHC  KE CO HUM SVC	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  SERVICE REQUIRES PRIOR APPROVA  *** NO DATA TO REPORT ***	0			12
3404929 LEE DD/S 3404930 JOHN MNT 3404931 WAKE BEL	E HARNETT MH/ /SAS  HINSTON COUNTY FILL HLTHC  KE CO HUM SVC	0	0 0 0 482	PROVIDER TYPE AND SPECIALTY IN  SERVICE REQUIRES PRIOR APPROVA  L  *** NO DATA TO REPORT ***	0			0
3404929 LEE DD/S DD/S 3404930 JOHN MNT 3404931 WAKE BIL	E HARNETT MH/ SAS  INSTON COUNTY WITH HITHC  KE CO HUM SVC  LILING OF	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PROVIDER TYPE AND SPECIALTY IN  SERVICE REQUIRES PRIOR APPROVA  L  *** NO DATA TO REPORT ***	0			0
3404930 JOHN MATE BIL BIL 3404932 RAND	E HARNETT MH/ SAS  INSTON COUNTY WITH HITHC  KE CO HUM SVC  LILING OF	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L *** NO DATA TO REPORT ***	0			0
3404930 JOHN MATE BIL BIL 3404932 RAND	E HARNETT MH/ SAS  INSTON COUNTY WITH HITHC  KE CO HUM SVC  LILING OF	0	0 0 0 0 482	L *** NO DATA TO REPORT ***	0			0
3404930 JOHN MATE BIL	HISTON COUNTY HISTON COUNTY HIT HITHC  KE CO HUM SVC	0	0		0			0
3404930 JOHN MATE BIL	HISTON COUNTY HISTON COUNTY HIT HITHC  KE CO HUM SVC	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0.	0
3404930 JOHN MATE BIL	HISTON COUNTY HISTON COUNTY HIT HITHC  KE CO HUM SVC	0	0		0	0	0	0
3404930 JOHN MATE BIL	HISTON COUNTY HISTON COUNTY HIT HITHC  KE CO HUM SVC	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0
3404930 JOHN MNT 3404931 WAKE BIL 3404931 RAND	HISTON COUNTY VIL HLTHC  GE CO HUM SVC  CLLING OF		0	*** NO DATA TO REPORT ***	0	0	0	0
3404931 WAKE BIL	FIL HLTHC		0	*** NO DATA TO REPORT ***	0	0	0	0
3404931 WAKE BIL	FIL HLTHC		0	*** NO DATA TO REPORT ***	0	0	0	0
3404931 WAKE BIL	FIL HLTHC		0	*** NO DATA TO REPORT ***	0	0	0	0
3404931 WAKE BIL	FIL HLTHC		0	*** NO DATA TO REPORT ***	0			
3404931 WAKE BIL	FIL HLTHC		0 0 482	*** NO DATA TO REPORT ***	0			
3404931 WAKE BIL	FIL HLTHC		0	NO DRIN 10 REPORT	0			
3404931 WAKE BIL	KE CO HUM SVC		0		0			
BIL 3404932 RAND	ILLING OF		0 482		0			
BIL 3404932 RAND	ILLING OF		0 482		0		1	
BIL 3404932 RAND	ILLING OF		482					
BIL 3404932 RAND	ILLING OF		482		-	0	0	U
BIL 3404932 RAND	ILLING OF		482					
BIL 3404932 RAND	ILLING OF			SERVICE FACILITY LOCATION IS N				
3404932 RAND				OT A VALID IPRS ATTENDING				t
				PROVIDER. PLEASE VERIFY THE F				
		11	108	CLIENT NOT ELIGIBLE ON SERVICE	12	965	17923	16958
				DATE				
		21	88	DUPLICATE OF CLAIM-SYSTEM				
LLS	NDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	CO MH C							
		0	0		0	0	0	0
3404933 SOUT		0500	225	DETAIL NOT COVERED BY COMBINAT				
		8599	225	ION OF RECIPIENT, PROVIDER AND				
R FO	FOR MH/DD			BENEFIT PACKAGE.				
				DENELTI INGGEGE.				
		21	185	DUPLICATE OF CLAIM-SYSTEM	14	790	6886	6096
					14	750	0000	0030
		191	97	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404934 ONSL	SLOW CARTERET	11	157	CLIENT NOT ELIGIBLE ON SERVICE				
BEH	CHAV HEAL			DATE				
		8534	99	SERVICE FACILITY LOCATION IS N	8	414	485	71
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8535		SERVICE FACILITY LOCATION WAS			<u> </u>	igwdot
				NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
				LEGIS RESOURT TOUR CLAIM WIT			<del>                                     </del>	<del>                                     </del>
3404935 WAYN	AVE CO MENTS:	0	0	*** NO DATA TO REPORT ***				
	NE CO MENTAL		-					<del>                                     </del>
HEA	EALTH CTR						<del>                                     </del>	
							<del>                                     </del>	
		0	0		0	0	0	
					0	U	- 0	U
3404936 WILS	SON-GREENE M	8599	9	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALT			ION OF RECIPIENT, PROVIDER AND				
-				BENEFIT PACKAGE.				
		21	8	DUPLICATE OF CLAIM-SYSTEM	2	23	90	67
		8518	4	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	10	DUPLICATE OF CLAIM-SYSTEM				
MNTL	TL HLTH C							
							<u> </u>	
		0	0					<b></b>
		v	U		0	10	27	17

DDOLLTON		HTOH DENTA	WIMDER OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	caua	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE							
		0	0					
		U	0		0	0	0	(
								-
3404939	NEUSE MENTAL HE	8599	66	DETAIL NOT COVERED BY COMBINAT				•
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				İ
				BENEFIT PACKAGE.				
		2.2		ON VEHICLE WAS BY VOLUME ON ADDITION				
		11	60	CLIENT NOT ELIGIBLE ON SERVICE  DATE	0	158	2551	2393
				DILL I				
		21	9	DUPLICATE OF CLAIM-SYSTEM				
2404041		8518	69	CLAIM DENIED CUDATEMEN DEVOND				
3404941	PITT CO MH/DD/S	8018	69	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR				
	AS CENTER			FISCAL YEAR DOS (JULY 1 - JUNE				-
		23	2	SERVICE REQUIRES PRIOR APPROVA	0	71	71	
				L				
2404042		0526	26	AMMENDANG PROMATER MADE AND CO.				<del>                                     </del>
3404942	ROANOKE CHOWANH	8536	36	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT		1		1
	UMAN SERVIC	+		VALID FOR SUBMITTED BILLING PR		<del>                                     </del>		1
		+				1		<b>+</b>
		8931	22	AMTNC INELIGIBLE TO RECEIVE SE	52	156	1580	1424
				RVICES IN IPRS.				
		8537	20	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				-
								-
3404943	ALBEMARLE MENTA	8599	1234	DETAIL NOT COVERED BY COMBINAT				-
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	388	THIS SERVICE IS NOT PAYABLE TO	232	1947	4375	2428
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				-
				THOUSEN THE MED CHOCKET				-
		8931	147	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404944	EASTPOINTE HUMA	11	145	CLIENT NOT ELIGIBLE ON SERVICE  DATE				
	N SERVICES			DAIL				-
								-
		8599	143	DETAIL NOT COVERED BY COMBINAT	23	479	1179	700
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
		2512	70					
		8518	78	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR		-		<u> </u>
		-		FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE		-		-
						<b>-</b>		<del>                                     </del>
3404946	FOOTHILLS AREAM	21	166	DUPLICATE OF CLAIM-SYSTEM		1		
	ENTAL HEALT					1		
		22	100					<u> </u>
		23	102	SERVICE REQUIRES PRIOR APPROVA	0	282	574	292
		-		~		-		-
						<b>-</b>		<del>                                     </del>
	1	8599	7	DETAIL NOT COVERED BY COMBINAT		1		
				ION OF RECIPIENT, PROVIDER AND				
-				BENEFIT PACKAGE.				
		2512	470					<u> </u>
3404957	TIDELAND MENTAL	8518	470	CLAIM DENIED, SUBMITTED BEYOND		1		<u> </u>
	HEALTH CTR			FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE		<del>                                     </del>		<del>                                     </del>
	1			124 200 (0021 1 - 00ME		<del>                                     </del>		<del>                                     </del>
		8599	25	DETAIL NOT COVERED BY COMBINAT	20	557	1273	716
				ION OF RECIPIENT, PROVIDER AND	20	337	12/3	,10
				BENEFIT PACKAGE.				
		8931	17	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				<del>                                     </del>
			1			<b></b>		<del> </del>

## Sheet1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	23	228	SERVICE REQUIRES PRIOR APPROVA				
	H/DD/SA PRO			L				
		79	206	THIS SERVICE IS NOT PAYABLE TO	30	551	1100	549
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8537	61	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				